



13281 U.S. PTO

Atty. Dkt. No. 065905-0313

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Naoya MURAKAMI  
Title: IMAGE READING APPARATUS AND IMAGE FORMING APPARATUS  
Appl. No.: Unassigned  
Filing Date: March 3, 2004  
Examiner: Unknown  
Art Unit: Unknown

22858 U.S. PTO  
10/790784



**UTILITY PATENT APPLICATION**  
**TRANSMITTAL**

Mail Stop PATENT APPLICATION  
Commissioner for Patents  
PO Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Naoya MURAKAMI

Enclosed are:

- [ X ] Specification, Claim(s), and Abstract (46 pages).
- [ X ] Formal drawings (14 sheets, Figures 1-18).
- [ X ] Declaration and Power of Attorney (4 pages).
- [ X ] Assignment of the invention to KABUSHIKI KAISHA TOSHIBA and TOSHIBA TEC KABUSHIKI KAISHA.
- [ X ] Assignment Recordation Cover Sheet.
- [ X ] Information Disclosure Statement.
- [ X ] Form PTO/SB/08 with copies of 2 listed reference(s).
- [ X ] Application Data Sheet (37 CFR 1.76).

☒ Claim for Convention Priority with 1 certified Japanese priority document.

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00	\$770.00
Total	10	- 20	= 0 x	\$18.00	\$0.00
Claims:					
Independents	2	- 3	= 0 x	\$86.00	\$0.00
If any Multiple Dependent Claim(s) present:			+	\$290.00	\$0.00
				SUBTOTAL:	\$770.00
<input type="checkbox"/> Small Entity Fees Apply (subtract 1/2 of above):					\$0.00
				TOTAL FILING FEE:	\$770.00
Assignment Recordation Fee:			+	\$40.00	\$40.00
TOTAL FEE					\$810.00

☒ A check in the amount of \$810.00 to cover the filing fee and fee for recordation of Assignment is enclosed.

☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date March 3, 2004

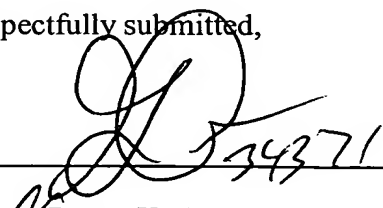
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By

  
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